

IN THE SUPERIOR COURT FOR THE COUNTY OF COBB

STATE OF GEORGIA

STATE OF GEORGIA

VS.

Indictment Number \_\_\_\_\_

\_\_\_\_\_  
Defendant

**ARRAIGNMENT, PLEA, DISCOVERY ELECTION, AND NOTICE OF HEARING**

The defendant (*check one*):

waives formal arraignment

demands formal arraignment

pleads \_\_\_\_\_ guilty and

demands a copy of the indictment and list of witnesses pursuant to Uniform Superior Court Rule 30.3.

The defendant further (*check if opting-in, leave blank if unrepresented*):

opts-in to reciprocal discovery pursuant to O.C.G.A. § 17-16-1 *et seq.*

\_\_\_\_\_  
Attorney / Defendant's Name

\_\_\_\_\_  
Attorney's Email Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Defendant's Email Address

\_\_\_\_\_  
Telephone

**HEARING NOTICE**

TBD

TBD

TBD

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Time: \_\_\_\_\_

Time: \_\_\_\_\_

Courtroom: \_\_\_\_\_

Courtroom: \_\_\_\_\_

Courtroom: \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Defense Counsel  
Bar Number \_\_\_\_\_

\_\_\_\_\_  
Signature of Defendant  
(*not required if attorney waiving*)